The Place of Allergy in Medicine

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• Much of the management of uncomplicated allergic disease has fallen within the province of the general practitioner and the specialist who does not limit his practice to allergy. This is the result of the simplification of standard techniques, the availability of excellent postgraduate instruction and the increasing quality of commercially prepared desensitizing extracts and other material. The newer drugs, particularly the antihistamines and the corticosteroids, have made the symptomatic care of patients with severe diseases of allergic origin less complicated.

As a result, the physician who limits his practice to allergy has become more of a specialist, in that he is called upon only to deal with the more difficult cases. Since the practice of allergy involves many parts of the body and often overlaps other recognized specialties, it cannot fall into the classification of any one already recognized medical specialty. It is desirable, therefore, that an American Board of Allergy be established to set up criteria for practice and to examine and qualify applicants.

SOME FOUR or five years ago when the use of cortisone and corticotropin (ACTH) was new and they appeared exceedingly promising in solving the problem of the very sick and difficult to treat patients with allergic disease, a few allergists began to wonder what was going to happen to their practices, and indeed to the entire specialty of allergy. If a few tablets a day would relieve all of the symptoms of asthma, hay fever, eczema and urticaria, then why the allergist, the skin tests and the desensitization therapy? This was the second crisis in some five years, the first having been the popularization of the antihistamine drugs.

At about that time a well-known allergist noted that since the advent of the antihistamines his practice had fallen off considerably. Whereas in former years, he said, he usually had 100 to 150 new patients each ragweed season, after the popularization of the antihistamines he had as few as 25. In discussing his observations with other allergists at meetings and conventions he gained the impression that his experience was more or less universal. Now, he wondered, with the great advance publicity heralding the miracle producing powers of ACTH and cortisone what was going to happen to the rest of his practice, and indeed to the entire specialty of allergy. In a letter sent to a representative group of physicians practicing allergy he stated his observations and solicited their feelings about the matter. Particularly, he wanted to know what advice one was to give the younger men in the field and whether in the light of these new advances one could recommend the specialty of allergy to young physicians in training.

The response to his letter or questionnaire was exceedingly interesting. Without exception, all of the physicians replying displayed extreme unselfishness in hoping that the new miracle drugs would in fact solve the entire problem of the very sick persons with allergic disease. Most of them admitted a decline in their practices; a few seemed to feel that the new medicines would eradicate entirely the need for the allergist as a specialist. On the whole, the response to his letter was gloomy. Some of those who replied said that they were doing more general medical practice along with their specialty. Several strongly advised against allergy as a specialty for the younger men. Others used the questionnaire as a jumping off point and expressed their views about indiscriminate teaching of allergy to general practitioners, about lax rules of admittance to the national allergy societies, and about the encouragement given to pharmaceutical houses' practicing allergy.

One interesting sidelight was the admission that the late Warren Vaughan, as far back as 1932, had confidently expected the imminent discovery of some magic drug which would restore allergic balance and thus do away with the need for specialists in allergy. That was the reason, according to one of his former students, Dr. Vaughan had never limited his practice to allergy. In this connection, too, one of the pioneer allergists, an author of a currently popular textbook, stated in response to the letter that he, too, is convinced there is some underlying mechanism for allergic persons which, once found, would provide a means of treatment much as is available for diabetic persons and end the necessity for extensive

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skin testing and trying to find out to what a patient is definitely and specifically sensitive. He implied, however, that neither the antihistamines nor the new hormones were the answer.

At present, after some four or five years of ACTH and cortisone and some nine years of the antihistamines, it is obvious that the practice of allergy was never endangered. In fact, if anything, these new medicines have improved the specialty and made us better physicians. Certainly, the ability of allergists to manage severe allergic disease has been enhanced by the addition of these new drugs to the pharmacopeia. Some of us wonder at times what we used to do for the patient who had severe urticaria before the days of the antihistamines. Also, how much more difficult it was to deal with intractable asthma before the days of the corticosteroids and the corticotropins.

It must be admitted, however, that there has been a subtle change in the practice of the specialty of allergy during the past several years. Although this change may be coincidental with the appearance of the new drugs, it is certainly not a result. Nor can the change be attributed to any one factor such as the increasing number of short courses in allergy available to general practitioners, or the relaxation of standards for admission to national allergy societies, as has been suggested. Rather, the change has been merely a part of the general advance in the entire field of medicine. Allergy, along with advances in the other specialties, has become more than a mere technique, a mere methodology. It has indeed become a specialty—as much so as dermatology or obstetrics or surgery. Allergy has come of age.

In the early days of allergy, the pioneers in the field were primarily "laboratory men." The early allergists were for the most part pathologists, bacteriologists and immunologists who were attracted to the field because of the underlying immunological mechanisms. Since little was known about the allergenicity of the pollens in the vicinity, these pioneers had to become amateur botanists or associate themselves with local professional botanists in order to survey the surrounding area with regard to allergenic pollens. There are references in the literature to pollen surveys conducted by Piness and Miller in Southern California in 1926 and by Albert Rowe in 1927 on the eastern shore of San Francisco Bay. In addition, the office of a pioneer allergist had to include the services of a good protein chemist because the techniques of extraction, preparation, standardization and storage of allergenic extracts were still in the process of perfection. Even problems that now appear elementary, such as sterilization of syringes and needles and proper washing of vials, had to be worked out in the offices of these early allergists. The office of the early allergist was by necessity a botanical and chemical laboratory as well as a miniature pharmaceutical manufacturing plant. The techniques usually attributed to the practice of medicine, such as diagnosis and treatment, were merely a part of the function of such an office.

Very few physicians could afford the equipment and personnel needed to make an office serve the function of a botanical laboratory, a chemistry laboratory and a pharmaceutical manufacturing plant, and it was necessary therefore to refer patients with allergic disease to those who could. A patient with simple seasonal hay fever could not get adequate medical treatment in the early days unless he went to a specialist in allergy.

As with all new specialties, great advances, particularly in the technical aspects, were made rapidly. Several of the pioneer allergists, who had become good botanists and chemists went into the botany and chemistry business. One of the largest of the firms now selling allergenic material to physicians is one which originated in the office of a physician. Pharmaceutical houses, seeing a new market, entered the business of supplying allergenic extracts and materials to physicians who could not afford to hire technical help to prepare them or preferred not to. Using the great know-how of the commercial pharmaceutical laboratories, these firms made great strides in advancing the techniques of preparing potent extracts. Probably the most active and best informed botanists specializing in allergenic pollens are in the employ of such commercial firms.

All this brought the practice of allergy closer to the average physician. No longer did a well trained and interested man require an unusually large investment in manufacturing supplies and the services of a botanist and chemist in order to apply his knowledge to the diagnosis and treatment of allergic disease. He could purchase his material and confine his medical efforts to diagnosis and treatment just as every other physician in any other specialty did. This brought into the field additional physicians, interested in allergy, trained in botany, immunology and general medicine as well as in the numerous ramifications of allergic disease.

To be sure, this easy availability of allergenic extracts and other material encouraged physicians who did not have the necessary special training to practice a brand of medicine which was far from ideal. In order to promote the sale of extracts, some pharmaceutical houses went into what might be called a mail order allergy business. Physicians might be supplied with a kit of testing antigens. They then could forward the results of the tests to the pharmaceutical company, which would then prepare an extract based on the results of the tests and send it to the physician with dosage instructions. The disadvantages and dangers are obvious. Yet,

this form of therapy must have been at least successful enough in a large group of uncomplicated cases of allergic disease to create a lucrative business for the supplying company and to reduce to some extent the number of cases of simple seasonal pollinosis previously seen exclusively in an allergist's office.

Thus there are at present two main types of allergy practice. The first is that of the physician who limits his practice to allergy. Some of these make their own extracts; others purchase concentrates from commercial sources and make their own mixtures and dilutions. By far the largest type of allergy practice is that done in the office of a general practitioner, a pediatrician or an ear, nose and throat specialist. This is, in general, the practice of the part-time allergists, who may have taken a short course somewhere, or may have attended several meetings of one of the national allergy societies. They get much of their information from the brochures of the mail order pharmaceutical houses, they let these firms decide what extracts to use for treatment and follow a dosage schedule standardized and limited by fear of malpractice suits and the rigid safeguards set up by the national Pure Foods and Drugs Administration.

Actually, the simplification of the techniques of skin testing and treatment and the easy availability of needed materials has made more of a specialty of allergy. Trained specialists in allergic diseases no longer deal with a patient with hay fever or asthma merely because the referring physician cannot afford a chemist to make extracts but rather because the patient is very sick and the problem difficult to solve. The allergist is called upon because the referring physician really needs help. The specialist no longer deals with merely the average case of allergic disease. To him come the special cases. He is, in fact, a specialist.

And that is as it should be. There are not enough allergists in this country—probably can never be—to care for all the persons with allergic disease. No matter how unsatisfactory the so-called mail order practice is, it must be admitted that there are a great many persons with uncomplicated cases of allergic disease caused by inhalants, many of them seasonal, who are greatly benefited by treatment with common local pollens, avoidance of animal hair and hyposensitization with house dust. In general, despite the obvious shortcomings, this kind of treatment, which is available to a much larger segment of population than ever before, is better than the absolute lack of management of allergic disease previously encountered.

Where do we who limit our practice to allergy stand at present? Where does the practice of allergy stand? True, we no longer see as many of the simple cases of hay fever which respond readily to immunization therapy. Part-time allergists are seeing more and more of these. Some of the asthmatic patients who used to be sent to allergists because of the difficulty in managing them symptomatically, do not reach us because of the success of the steroids. What is left for the allergist? Actually, the allergist now is more of a specialist than he ever was before. He is no longer a "laboratory man," but rather a physician who consults with other physicians on difficult cases. Instead of the corticoids decreasing the utility of the allergist they have in effect increased his usefulness, for often now he is called upon to advise on the proper use of these new compounds.

The allergist of today is a specialist in the treatment of diseases based on the mechanism of hypersensitivity. This group of diseases is increasing almost daily. We are not merely internists who treat hay fever and asthma, nor are we just pediatricians who treat these diseases. Our field embraces practically every organ of the body and we must recognize allergic disease of the eye as well as of the skin and of the lungs. Since hypersensitivity diseases are frequently affected by nonspecific factors such as infections, emotions and glandular misfunctions, we must be experts in infectious disease; we must be conversant with psychiatry; we must be good practical endocrinologists. We are internists and pediatricians; we are otolaryngologists and dermatologists and immunologists. Our province includes occupational disease problems and medicolegal aspects of such diverse fields as air pollution and skin sensitization phenomena.

The place of allergy in the broad field of medicine, then, is that of an independent specialty requiring specific training and experience in somewhat unrelated fields. Obviously, the practice of allergy has reached a stage where an independent board of its own is indicated. An "American Board of Allergy" would encourage younger men to enter the specialty, for it would bring about proper recognition of the greatly increasing and interesting field. An "American Board of Allergy" would set up standards of training and experience; it would examine and qualify specialists in the practice of allergy. Part-time allergists would continue to deal with the patients with symptoms of seasonal inhalant allergic disease. The specialist, a diplomate of the "American Board of Allergy," would rightfully take his place in the framework of medical specialists as the physician most qualified to care for the patient who for some reason, perhaps hereditary, is subject to a variety of illnesses affecting any organ of the body and based on the phenomenon of hypersensitivity.

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